



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2007

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\$)** **\$120.00**

Complete if Known

Application Number	10/084,336 – Conf. #5608
Filing Date	February 28, 2002
First Named Inventor	Dieter KERNER
Examiner Name	Jeffrey Robertson
Art Unit	1712
Attorney Docket No.	39509-177800

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: **22-0261** Deposit Account Name: **Venable LLP**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of Credit any overpayments
 fee(s) under 37 CFR 1.16 and 1.17

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

<u>Small Entity</u>	<u>Fee (\$)</u>
50	25

Each independent claim over 3 (including Reissues)

200	100
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Multiple dependent claims

360	180
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<u>Total Claims</u>	<u>Extra Claims</u>
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<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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- 20 =	x _____ = _____
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<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>
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Fee (\$)	Fee Paid (\$)
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HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>
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<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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- 3 =	x _____ = _____
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HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>
- 100 =	/50 _____ (round up to a whole number) x _____ = _____

<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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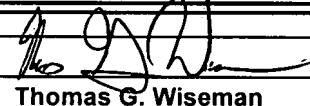
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

1051	One-Month Extension of Time
120.00	

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	35,046	Telephone	(202) 344-4000
Name (Print/Type)	Thomas G. Wiseman			Date	April 3, 2007

#841956



17128

PTO/SB/21 (09-06)

Approved for use through 03/31/2007. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

31

Application Number

10/084,336 – Conf. #5608

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First Named Inventor

Dieter KERNER

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1712

Examiner Name

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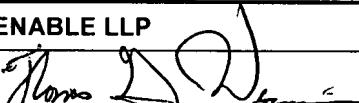
Attorney Docket Number

39509-177800

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input checked="" type="checkbox"/> Petition for Extension of Time	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Response to Notice to File Missing Parts	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Inventor Declaration	<input type="checkbox"/> Terminal Disclaimer	Charge of \$120.00 to Deposit Account No. 22-0261
<input type="checkbox"/> Information Disclosure Statement, PTO/SB/08A	<input type="checkbox"/> Request for Corrected Filing Receipt	
<input type="checkbox"/> Claim for Priority and Certified Document	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Copy of Notice to File Missing Parts	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Assignment		
	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	VENABLE LLP		
Signature			
Printed name	Thomas G. Wiseman		
Date	April 3, 2007	Reg. No.	35,046